

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000384073

Entity Name: MARIO VELASQUEZ HEALTH COACH LLC

Current Principal Place of Business:

3900 OLDFIEL CROSSING DRIVE
APT 504
JACKSONVILLE, FL 32223

Current Mailing Address:

3900 OLDFIEL CROSSING DRIVE
APT 504
JACKSONVILLE, FL 32223 US

FEI Number: 88-4109851

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VELASQUEZ GIRALDO , MARIO ANDRES
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VELASQUEZ GIRALDO MARIO ANDRES

03/27/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name VELASQUEZ GIRALDO, MARIO ANDRES
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VELASQUEZ GIRALDO, MARIO ANDRES

AMBR

03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date